

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2020		
Mailing Address PO Box 9625		Amount 59737.50		
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.-2147483598	
Purpose of Expenditure Digital Media Production / Placement		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2020	
Name of Federal Candidate GRAHAM, LINDSEY O., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		170325.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2020		
Mailing Address PO Box 9625		Amount 59737.50		
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.-2147483597	
Purpose of Expenditure Digital Media Production / Placement		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2020	
Name of Federal Candidate HARRISON, JAIME, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		230063.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		119475.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2020

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PAGE	2	OF	2
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2800 Shirlington Rd		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Arlington	State VA	Zip Code 22206	Amount 53294.22
Purpose of Expenditure Printing / Postage		Category/ Type <input type="text"/>	Transaction ID : SE.-2147483596
Name of Federal Candidate GRAHAM, LINDSEY O., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> / <input type="text"/> / <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2800 Shirlington Rd		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Arlington	State VA	Zip Code 22206	Amount 53294.21
Purpose of Expenditure Printing / Postage		Category/ Type <input type="text"/>	Transaction ID : SE.-2147483595
Name of Federal Candidate HARRISON, JAIME, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> / <input type="text"/> / <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 106588.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/> 226063.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /

Signature